

## SDP/EA REQUEST &amp; STRATEGY FORM

## Case Data

Disputed: <input type="checkbox"/>		Related Cases: <input type="text"/>	
<b>EA-</b> <input type="text"/>	Number: <input type="text"/>	Docket No.: <input type="text"/>	
Request Date: <input type="text"/>	Region: <input type="text"/>	Case Type: <input type="text"/>	Small Entity: <input type="checkbox"/> No <input type="checkbox"/> Yes
Licensee: <input type="text"/>		Facility / City: <input type="text"/>	
License No.: <input type="text"/>		Last Day of Insp.: <input type="text"/>	
Insp. Rpt No.: <input type="text"/>	Keywords: <input type="text"/>		ES: <input type="text"/>
Facts(EATS): <input type="text"/>			

Discussion (if required):

## SDP

<input type="checkbox"/> No <input type="checkbox"/> Yes	
Assessment: <input type="checkbox"/> <b>Green</b> <input type="checkbox"/> <b>White</b> <input type="checkbox"/> <b>Yellow</b> <input type="checkbox"/> <b>Red</b>	NOV <input type="checkbox"/> Yes <input type="checkbox"/> No

## Wrongdoing

<input type="checkbox"/> No <input type="checkbox"/> Yes	
OI Ref. Date: <input type="text"/>	OI Rpt. No.: <input type="text"/>
DOJ Referral? <input type="checkbox"/> No <input type="checkbox"/> Yes	Ref. Date: <input type="text"/>
Additional OI Status <input type="checkbox"/> OI Investigating	OI Rpt Date: <input type="text"/>
<input type="checkbox"/> Additional coordination needed	Action Date: <input type="text"/>
<input type="checkbox"/> OI needs to be notified	<input type="checkbox"/> Decline <input type="checkbox"/> Accept
<input type="checkbox"/> OI/OE dispute memo needed	
<input type="checkbox"/> Awaiting DOJ	<input type="checkbox"/> Needs coordination with DOJ

## Escalated Action

Consequence: <input type="checkbox"/> Actual <input type="checkbox"/> Potential <input type="checkbox"/> Reg. Impact <input type="checkbox"/> Willfulness	
Prior Esc. Action? <input type="checkbox"/> No <input type="checkbox"/> Yes	EA: <input type="text"/>
ID Credit? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date: <input type="text"/>
CA Credit? <input type="checkbox"/> No <input type="checkbox"/> Yes	SL: <input type="text"/>
CP? <input type="checkbox"/> No CP <input type="checkbox"/> Base <input type="checkbox"/> Double Base <input type="checkbox"/> Other: <input type="text"/>	Supp: <input type="text"/>

## Discretion or Order?

<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain: <input type="text"/>
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## Future Action

Conference? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Open <input type="checkbox"/> Closed	Additional <input type="text"/>
Action? <input type="checkbox"/> No Violation <input type="checkbox"/> Re-panel <input type="checkbox"/> PEC Letter <input type="checkbox"/> Choice Letter <input type="checkbox"/> Choice Call <input type="checkbox"/> SL IV NOV <input type="checkbox"/> Re-caucus	
<input type="checkbox"/> Region Issue Esc. Action <input type="checkbox"/> Full Package Review by HQ <input type="checkbox"/> DEDR Review <input type="checkbox"/> Commission <input type="checkbox"/> Disagreement <input type="checkbox"/> NCV	
Other Action? <input type="text"/>	

Participants:

Region

OE

Program Office

OGC/OI

Other

Remarks/Comments/Lessons Learned:

Approved, Dir. OE: / /

Date: